

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

Check if different
than previously
reported. (ACC)

Washington

DC

20037

1153

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00375360

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

01

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard Goldberg

Signature of Treasurer

Electronically Filed by Richard Goldberg

Date

02

20

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		268897.92
(b) Cash on Hand at Beginning of Reporting Period	268897.92	
(c) Total Receipts (from Line 19)	30204.31	30204.31
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	299102.23	299102.23
7. Total Disbursements (from Line 31)	8220.02	8220.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	290882.21	290882.21
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24751.00	24751.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	4595.33	4595.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	29346.33	29346.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡	29346.33	29346.33
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	857.98	857.98
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	30204.31	30204.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30204.31	30204.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	720.02	720.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	720.02	720.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8220.02	8220.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8220.02	8220.02

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	29346.33	29346.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29346.33	29346.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	720.02	720.02
37. Offsets to Operating Expenditures (from Line 15, page 3)	857.98	857.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-137.96	-137.96

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roberto Abdelnur

Mailing Address 1550 Pepper Drive

City

El Centro

State

CA

Zip Code

92243-4165

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 3a19d3197e264f7fb482

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elliott M. Antman

Mailing Address 14 Briar Lane

City

Weston

State

MA

Zip Code

02115-6110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brigham & Women's Hospita-
l/Crdvsclr Div

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: f3cd3d4b712e4fbc8603

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph D. Babb

Mailing Address 2133 Conerstone Drive
3rd Floor, Room #378

City

Winterville

State

NC

Zip Code

27858

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Carolina University

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 487bcd070ec04d3abb2c

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 7 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christopher C. Barber

Mailing Address 2150 Shipyard Boulevard

City

Wilmington

State

NC

Zip Code

28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Card. Assoc., P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: b0136beb5d374e09a17b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott B. Baron

Mailing Address 6347 Coyle Avenue

City

Carmichael

State

CA

Zip Code

95608-0438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 532672d140c9473d9eba

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kathleen Blake

Mailing Address 13320 Panorama Loop Northeast

City

Albuquerque

State

NM

Zip Code

87102-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Heart Institute

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 181d341c7c5642f58d31

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William A. Bradley

Mailing Address 210 Cornell Street Suite #101

City

Plattsburgh

State

NY

Zip Code

12901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Transaction ID: e317f8a3f0d3410d8adc

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kenneth P. Brin

Mailing Address 691 Sutton Road

City

Shavertown

State

PA

Zip Code

18708-9550

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Clinic Wilkes
Barre

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Transaction ID: 58d4c29cbf434c7babbdb

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stephen E. Brown

Mailing Address 5701 Reed Road

City

Fort Wayne

State

IN

Zip Code

46835-3565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

INVASIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	0	8

Transaction ID: a1aef6d2fd8947f3b464

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William P. Buchanan

Mailing Address 2150 Shipyard Boulevard

City

Wilmington

State

NC

Zip Code

28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Cardiology Assoc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 3b9d81497b4d4980994d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matthew J. Budoff

Mailing Address 1124 W Carson Street

City

Torrance

State

CA

Zip Code

90502-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of California,
Los Angeles

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: d36e6dc7079c4fbbb4ca

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gerald F. Bulloch

Mailing Address 221 W Colorado Boulevard #2-545

City

Dallas

State

TX

Zip Code

75208-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: d4431cd2acac4e009c5f

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 10 / 29

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Samuel Butman

Mailing Address 225 East Shadow Ridge
Suite 107

City State Zip Code
Cottonwood AZ 86326-3763

FEC ID number of contributing
federal political committee.

C

Name of Employer
VERDE VALLEY HEART CENTER

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: ee2b7b8682ca42238c59

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barry M. Cohen

Mailing Address 32 Hendel Avenue

City State Zip Code
North Arlington NJ 07081-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 5de32a57369a4f598f88

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stanley P. Defehr

Mailing Address 3140 Southeast Bison Road

City State Zip Code
Bartlesville OK 74006-2441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blue Stem Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: eeab816d11624c9abc3e

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul L. Douglass

Mailing Address 4186 Sandy Lake Drive

City

Lithonia

State

GA

Zip Code

30309-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Atlanta Card-
iology Consul

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 55713bcb45844ca0add2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Pedro J. Escandon

Mailing Address 459 Jack Martin Boulevard Suite 4

City

Brick

State

NJ

Zip Code

08724-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Cardiovascular Co-
nsultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 6ed240120ae74ae0a05f

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John P. Farry

Mailing Address 5 Willow Way

City

Florham Park

State

NJ

Zip Code

07932-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: b1468cd0f2d34aa1ae47

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory P. Fazio

Mailing Address 500 Shady Dell Road

City

York

State

PA

Zip Code

17403-4426

FEC ID number of contributing
federal political committee.**C**Name of Employer
Cardiac Diagnostics Assoc.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	0	8

Transaction ID: 76afb611f2ad4634829d

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert D. Fishberg

Mailing Address 504 Colonial Avenue

City

Westfield

State

NJ

Zip Code

07090-3011

FEC ID number of contributing
federal political committee.**C**Name of Employer
Associates in Cardiovascu-
lar Disease.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	0	8

Transaction ID: 1036c4262d71470ab81a

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John M. Formolo

Mailing Address PO Box 1004

City

Traverse City

State

MI

Zip Code

49546-3691

FEC ID number of contributing
federal political committee.**C**Name of Employer
Grand River Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	0	8

Transaction ID: 6d325562a45b47f7b39f

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James S. Forrester

Mailing Address 5137 Nicholas Creek

City

Wilmington

State

NC

Zip Code

28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Cardiology Associ-
ates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 7b0a62b729f74528a9a8

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stefanie J. Fry

Mailing Address 2154 Ridgecrest Drive

City

Boise

State

ID

Zip Code

83712-6672

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 64ae13d1c02f4a7294f6

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kathleen A. Harper

Mailing Address 15 Wintergreen Road

City

Monroe

State

CT

Zip Code

06606-4201

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: a8b036c09e4e41aeafc1

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Thomas J. Hill

Mailing Address 724 8th Street # 5

City

Breckenridge

State

MI

Zip Code

49444-1879

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Shore Cardiology Con-
sultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 336834cda29b4aed8db7

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Frank A. Hobart

Mailing Address 2150 Shipyard Boulevard

City

Wilmington

State

NC

Zip Code

28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Cardiology Associ-
ates, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 2b5f775417c84ef78694

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John N. Katopodis

Mailing Address 3842 E Millers Bridge Road

City

Tallahassee

State

FL

Zip Code

32308-4646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Medical Group,
PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 3788b7a32a7d4d779c0f

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rachel D. Keever

Mailing Address 901 Montrose Drive

City

Shelby

State

NC

Zip Code

28043-7151

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sanger Clinic

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 2789fa01c5f84c0aa6ad

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Fareeha I. Khan

Mailing Address 2826 Old Lee Highway
Suite 100

City

Fairfax

State

VA

Zip Code

22031-4349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: c3bdd762a9634663a042

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Roger F. Leonard

Mailing Address 11706 Split Tree Circle

City

Potomac

State

MD

Zip Code

20832-1514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery General Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 1433c7ad19434536a9ae

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William R. Lewis

Mailing Address 24707 Tricia Drive

City

Westlake

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetroHealth Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 471cd46245a0447c8c04

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter E. Linz

Mailing Address 777 Jacqueline Court

City

Encinitas

State

CA

Zip Code

92024-6657

FEC ID number of contributing
federal political committee.

C

Name of Employer
United States Navy

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 129fb07cac9f40e29289

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael S. Lux

Mailing Address 21 Mattben Drive

City

Warren

State

NJ

Zip Code

07081-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 31dd8a13c4964352bfb9

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ralph L. McBean

Mailing Address 1343 Peacock Avenue

City

Columbus

State

GA

Zip Code

31906-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	6	/	2	0	0	8

Transaction ID: 5556f07862254451960c

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Mich

Mailing Address 78 Prospect Hill Ave

City

Summit

State

NJ

Zip Code

07901-3740

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease

Occupation

Cardiologist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	0	8

Transaction ID: 3b45bb2bc17549729f33

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ronald V. Miller

Mailing Address 23755 Woodlynne Drive

City

Bingham Farms

State

MI

Zip Code

48025-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	0	8

Transaction ID: 47c0116d2106404ea1e0

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald V. Miller

Mailing Address 23755 Woodlynne Drive

City

Bingham Farms

State

MI

Zip Code

48025-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 840e75f5b5164b25adad

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

J. Phillip Moyer

Mailing Address 1040 Boulder Hill

City

Green Lane

State

PA

Zip Code

18054-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buxmont Cardiology Associ-
ates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 8

Transaction ID: ee7f80079b15459e8cb3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles D. O'Shaughnessy

Mailing Address 32411 Nottingham Drive

City

Avon Lake

State

OH

Zip Code

44035-6447

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Ohio Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 7889e953891b4e8280ae

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lawrence M. Pareles

Mailing Address 12 Blenheim Terrace

City

Farmington

State

CT

Zip Code

06106-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 48be87f3753049b4a42b

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kanubhai M. Patel

Mailing Address 12018 Tindall Drive

City

Saint Louis

State

MO

Zip Code

63131-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 350d5d5fd8234e8ba1c3

Amount of Each Receipt this Period

201.00

C.

Full Name (Last, First, Middle Initial)

David J. Pinnelas

Mailing Address 2 Hopi Court

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union County Crdlyg Assoo-
iates, PA

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: d35504a141c74e77821a

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

701.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S. Plowden

Mailing Address 625 Willow Glen Drive

City

El Paso

State

TX

Zip Code

79902-5807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Heart Center

Occupation

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: f683c2efef1240ab83f3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David E. Powell

Mailing Address 147 Newbrook Lane

City

Springfield

State

NJ

Zip Code

07081-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: cfbec196f6624cb6b909

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sanjiv Prasad

Mailing Address 29 Alden Street Apt. 3B

City

Cranford

State

NJ

Zip Code

07081-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiolvasc-
ular Disease.

Occupation

ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: e3e7a0985cd849368e52

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gary J. Renaldo

Mailing Address 4304 Allistair Road

City

Winston-Salem

State

NC

Zip Code

27104-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: bd2aa0bbfe764dab9cdf

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Roberto R. Roberti

Mailing Address 252 Kent Place Boulevard

City

Summit

State

NJ

Zip Code

07081-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 17db016ea7884081b483

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sheila A. Robinson

Mailing Address 999 Peachtree Street, Northeast Su

City

Atlanta

State

GA

Zip Code

30309-4453

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 9bb8c212587447fca8c7

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steven J. Sheris

Mailing Address 6 Essex Court

City

Livingston

State

NJ

Zip Code

07039-3628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: bbb60bcbf2d04f2eaa1a

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elliott M. Stein

Mailing Address 211 Mountain Avenue

City

Springfield

State

NJ

Zip Code

07081-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Cardiovascu-
lar Disease.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 3f4c0ae036c24ed18fbd

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Stern

Mailing Address 9290 E Thompson Pek Parkway # 127

City

Scottsdale

State

AZ

Zip Code

85202-4753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri-City Cardiology Consu-
ltants, P.C.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: 48d2645d964240c0a183

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Taschner

Mailing Address 11103 Sierra Palm Ct.

City

Ft. Myers

State

FL

Zip Code

33966-5754

FEC ID number of contributing
federal political committee.**C**Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	0	8

Transaction ID: 48AB5366-160D-44F3-

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kenneth W. Wallmeyer

Mailing Address 306 Westwood Avenue Suite 401

City

High Point

State

NC

Zip Code

27262-4341

FEC ID number of contributing
federal political committee.**C**Name of Employer
Carolina Cardiology Assoc-
iates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	8

Transaction ID: d96c18d9650b4af2b6c4

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Howard T. Walpole

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37205-2018

FEC ID number of contributing
federal political committee.**C**Name of Employer
Saint Thomas Health Servi-
ces

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	8

Transaction ID: ff9f6af6bd341c8b5d0

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

W. Douglas Weaver

Mailing Address 474 Townsend Street

City

Birmingham

State

MI

Zip Code

48202-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Heart & Vascu-
lar Institute

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: c80bcbbb3e1847198e5c

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Weinrauch

Mailing Address 1049 Park Avenue

City

New York

State

NY

Zip Code

10028-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 425c1b79d5e94d749d9d

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pierre A. Wicker

Mailing Address 30 High Street

City

Mystic

State

CT

Zip Code

06355-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfizer Central Research

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 0 / 2 0 0 8

Transaction ID: a8db22e8ce3b4ba8aa5e

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kim A. Williams

Mailing Address 233 East 13th Street
#1905

City State Zip Code
Chicago IL 60637

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago Sect-
ions of Cardi

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 8

Transaction ID: 33effeb86cfd3df07a5

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Timothy M. Winslow

Mailing Address 2150 Shipyard Boulevard

City State Zip Code
Wilmington NC 28403-8052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Card. Assoc., P.A.

Occupation
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 8

Transaction ID: 189a2f3574dd42e492a6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

24751.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 29

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.98

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 39367-57865542173386

Amount of Each Receipt this Period

669.96

Reimburse for January Mer-
chant Fees

B.

Full Name (Last, First, Middle Initial)

American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City

Richmond

State

VA

Zip Code

23285-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.98

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 8

Transaction ID: 39367-27012270689010

Amount of Each Receipt this Period

188.02

Reimburse for December Am-
ex Fees

SUBTOTAL of Receipts This Page (optional)

857.98

TOTAL This Period (last page this line number only)

857.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	Transaction ID: V31006-4197656512260 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 0 8</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement January Amex Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Amount of Each Disbursement this Period <div>50.06</div> <div>001</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement January Merchant Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: M39367-0730096697807 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>621.99</div> <div>001</div> Category/ Type
C. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement January Merchant Fees Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	Transaction ID: M39367-2741662859916 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 3 / 2 0 0 8</div> </div> Amount of Each Disbursement this Period <div>47.97</div> <div>001</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

720.02

TOTAL This Period (last page this line number only)

720.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 / 29

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andy Harris for Congress

Mailing Address PO Box 1527

City
Annapolis

State
MD

Zip Code
21404

Purpose of Disbursement
2008 Primary

Candidate Name
Andrew Harris

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: 92309-6549646258354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Walden for Congress

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Contribution

Candidate Name
Greg Walden

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: 60817-3320276141166

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

7500.00

Image# 28990482544

Form/Schedule: **F3X**

Transaction ID:
